

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Thomas F. Fangrow, Jr., et al.
 App. No : 09/879,364
 Filed : June 12, 2001
 For : MEDICAL VALVE WITH POSITIVE
 FLOW CHARACTERISTICS
 Examiner : Kevin C. Sirmons
 Art Unit : 3763

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 7, 2005

(Date)

Paul N. Conover, Reg. No. 44,087

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Office Communication in 5 pages.
- (X) Information Disclosure Statement and PTO/SB/08 Equivalent listing 4 references

The fee has been calculated as shown below:

FEE CALCULATION					
FEE TYPE		FEE CODE	CALCULATION	TOTAL	
Excess Claims > 20	21 - 21 = 0	1202 (\$50)	0 x 50 =	\$0	
Independent > 3	3 - 3 = 0	1201 (\$200)	0 x 200 =	\$0	
Multiple Claim	1.16(j)	1203 (\$360)		\$0	
1 Month Extension	1.17(a)(1)	1251 (\$120)		\$ 120	
2 Month Extension	1.17(a)(2)	1252 (\$450)		\$ 450	
3 Month Extension	1.17(a)(3)	1253 (\$1,020)		\$0	
IDS Fee				\$180	
			TOTAL FEE DUE	\$ 300	

- (X) A check in the amount of ~~\$300~~ is enclosed.

- (X) Return prepaid postcard.

Docket No.: ICUMM.78CP1C

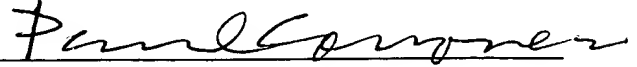
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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Paul N. Conover

Registration No. 44,087

Attorney of Record

Customer No. 20,995

(949) 760-0404

PAT-AMENDTRANS
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